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- Instructions:**
- 1) A claim is a debt incurred during the decedent's lifetime and unpaid at the time of death.
 - 2) A fiduciary may use this form to list all claims against the estate presented to the fiduciary pursuant to C.G.S. section 45a-361 and to list all persons notified pursuant to C.G.S. section 45a-357. A fiduciary may also use this form as a fiduciary's report in an insolvent estate pursuant to C.G.S. section 45a-380.
 - 3) The fiduciary is required to file a return and list of claims within 60 days of the expiration of the 150-day claims period under C.G.S. section 45a-361.
 - 4) List the name and address of the claimant and provide a short description of the claim, the total amount of the claim, the amount disallowed (if any) and the date of written disallowance, and the amount allowed. If the assets of the estate are insufficient to pay administration expenses and claims against the estate allowed by the fiduciary, refer to insolvency procedures under C.G.S. section 45a-376 et seq.
 - 5) For more information, see C.G.S. section 45a-353 et seq.
 - 6) Type or print the form in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name	District Number
Estate of	Fiduciary

INITIAL RETURN AND LIST OF CLAIMS
 SUBSTITUTE OR CORRECTED
 SUPPLEMENTAL

THE FIDUCIARY(IES) represents that:

All claims presented to the fiduciary against the estate are set forth below.

The names of all creditors who were notified by certified or registered mail in accordance with C.G.S. section 45a-357 (a) (solvent estates) or C.G.S. section 45a-378 (insolvent estates) are attached hereto and made a part hereof.

Name and Address of Claimant	Description of Claim	Total Amount of Claim	Amount Disallowed, if any	Date of Written Disallowance	Amount Allowed
1.					
2.					
3.					

Name and Address of Claimant	Description of Claim	Total Amount of Claim	Amount Disallowed, if any	Date of Written Disallowance	Amount Allowed
4.					
5.					
6.					
7.					
8.					
9.					

Total Amount Allowed: \$

The representations contained herein are made under the penalty of false statement.

Signature of Fiduciary

Type or Print Name

Date

Signature of Fiduciary

Type or Print Name

Date